

Plan Basic #5
Getting emergency care

If you have a medical emergency, get the care you need immediately. Then you, or someone acting on your behalf, should call Member Services within 48 hours to certify the admission. Benefits are paid at your plan's coinsurance level after you've met your deductible. To help contain your costs, you are encouraged to use the emergency room for true emergencies only. A true emergency is a severe illness or accident that could cause serious health risk or death if not treated immediately. Examples include: bleeding that will not stop, compound bone fractures, loss of consciousness, stroke and severe chest pains.



Plan Basic #6
Covering dependents who live away from home

If a covered child does not live with you, either because he or she is away at school or living with another parent, benefits are paid the same as if your child lived with you. He or she should obtain medical care from any licensed doctor or health care facility and submit a claim to Aetna U.S. Healthcare for reimbursement.

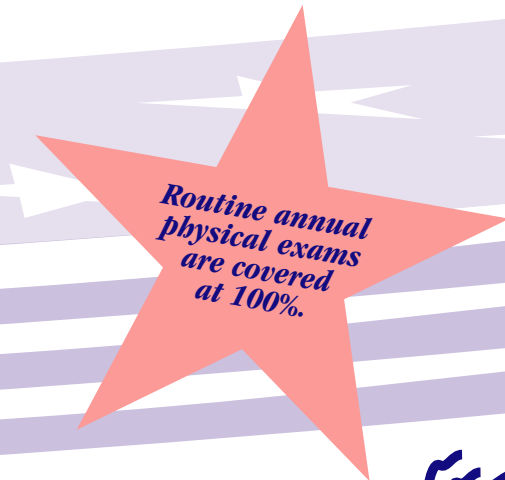
Plan Basic #7
Getting care when you are away from home

When you are away from home and need medical care, you'll receive benefits for covered services just as if you were at home. After you receive the care you need, complete a claim form and submit it to Aetna U.S. Healthcare for reimbursement.

Plan Basic #8
The out-of-pocket limit

Traditional Choice has an annual out-of-pocket maximum that limits your expenses and protects you from the high cost of a serious illness or injury. Once your deductible and coinsurance combined reach this annual limit, the plan pays 100% of reasonable and customary covered expenses for the remainder of the plan year.

Table with 2 columns: Category, Annual Out-of-Pocket Limit. Rows: Individual (\$2,000), Family (\$6,000).



Plan Basic #9
Call Aetna U.S. Healthcare Member Services

Here's a great plan feature, one you can use often. It's Aetna U.S. Healthcare Member Services, a toll-free information service. Call Member Services at 1-800-367-6276 for answers to many kinds of questions — confidentially. You will speak to an Aetna U.S. Healthcare representative and anything you tell the representative is kept completely private.

- You can call Member Services from 8 a.m. to 6 p.m. Monday through Friday, Central time. Here are just a few of the many reasons you will want to call:
- For information about benefits under your plan
- For answers to general health questions
- To check the status of a claim
- To precertify hospital care



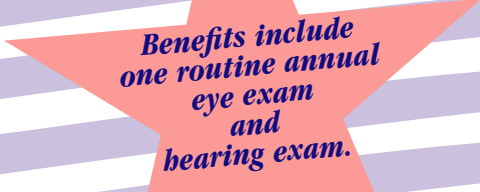
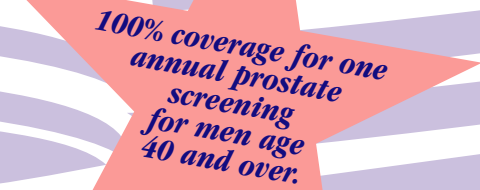
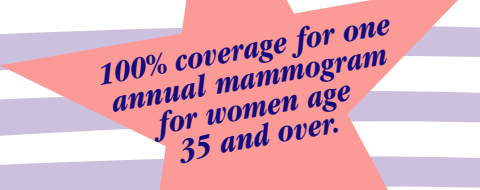
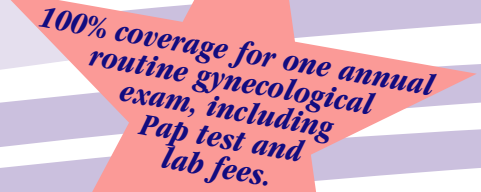
Prescription Drug Benefits

Your prescription drugs are covered under Aetna U.S. Healthcare's Pharmacy Management Program (APM). APM is a valuable benefit. It is a network of 47,000 pharmacies nationwide that fill prescriptions at significant savings. Just show your Aetna U.S. Healthcare ID card at any participating pharmacy in the United States.



Attention Overseas Employees!

The Vision One and Natural Alternatives Discount Programs rely on stateside provider networks. As a result, they are not available at overseas locations. However, you are encouraged to take advantage of these programs when you are in the United States. Your covered dependents who live in the United States are welcome to use these programs any time. Some overseas employees with an APO/FPO mailing address may use the mail-order drug program with a valid prescription from a doctor licensed to practice in the United States.



Your \$5 copay is payment in full for up to a 30-day supply of generic drugs. If no generic drug is available or if your doctor specifies a brand-name drug, you pay a \$15 copay for brand-name drugs. If you wish to obtain a brand-name prescription when a generic equivalent is available, you will pay a \$15 copay plus the difference in price between the brand-name and the generic. With APM, there are no deductibles to meet and no claim forms to complete. Network pharmacists keep track of your prescriptions. This helps to protect you against harmful drug interactions.

There is no coverage for prescription drugs purchased at non-participating pharmacies in the United States. For prescriptions that are filled overseas, you will need to complete a claim form to be reimbursed. The plan pays 100% after the deductible for generics and 80% after the deductible for brand-name medications purchased overseas.

For long-term medication (up to a 90-day supply), you may use the Express Pharmacy Services mail-order drug program which also offers significant savings. Generic drugs are covered for a \$5 copay. Brand-name drugs are covered for a \$15 copay. The generic substitution rule described for APM also applies to the mail-order program. If you wish to obtain a brand-name prescription when a generic equivalent is available, you will pay a \$15 copay plus the difference in price between the brand-name and the generic. Overseas employees with an APO/FPO mailing address may also use this program with a valid prescription.

Vision One® Discount Program

You and your covered dependents will be automatically enrolled in the Vision One® discount program when your Traditional Choice coverage takes effect. Vision One offers discounts of 20-70% on eyeglasses, contact lenses, nonprescription sunglasses, contact lens solutions and accessories. To receive discounts, visit any Vision One location and show your medical plan ID card. The discount will be applied at the time of purchase. For more information or to find the nearest Vision One location, call 1-800-793-8616 weekdays from 9 a.m. to 9 p.m. or on Saturdays from 9 a.m. to 5 p.m. Eastern time. See the enclosed pamphlet for more information about the Vision One Program.



Natural Alternatives™ Discount Program

If you and your covered dependents wish to receive chiropractic care, acupuncture, massage therapy or nutrition counseling, the Natural Alternatives program can help you save money. This discount program is available to you automatically once you enroll in Traditional Choice.

To use the program, you simply visit one of the participating providers, then pay the special discounted fee at the provider's office when you receive the service. The program also offers savings on vitamins, herbal supplements, and health-related books and magazines that you may order through our mail-order vendor.

For further information and for the names of participating providers in your area, call Natural Alternatives at 1-800-355-9263.

Dental Benefits

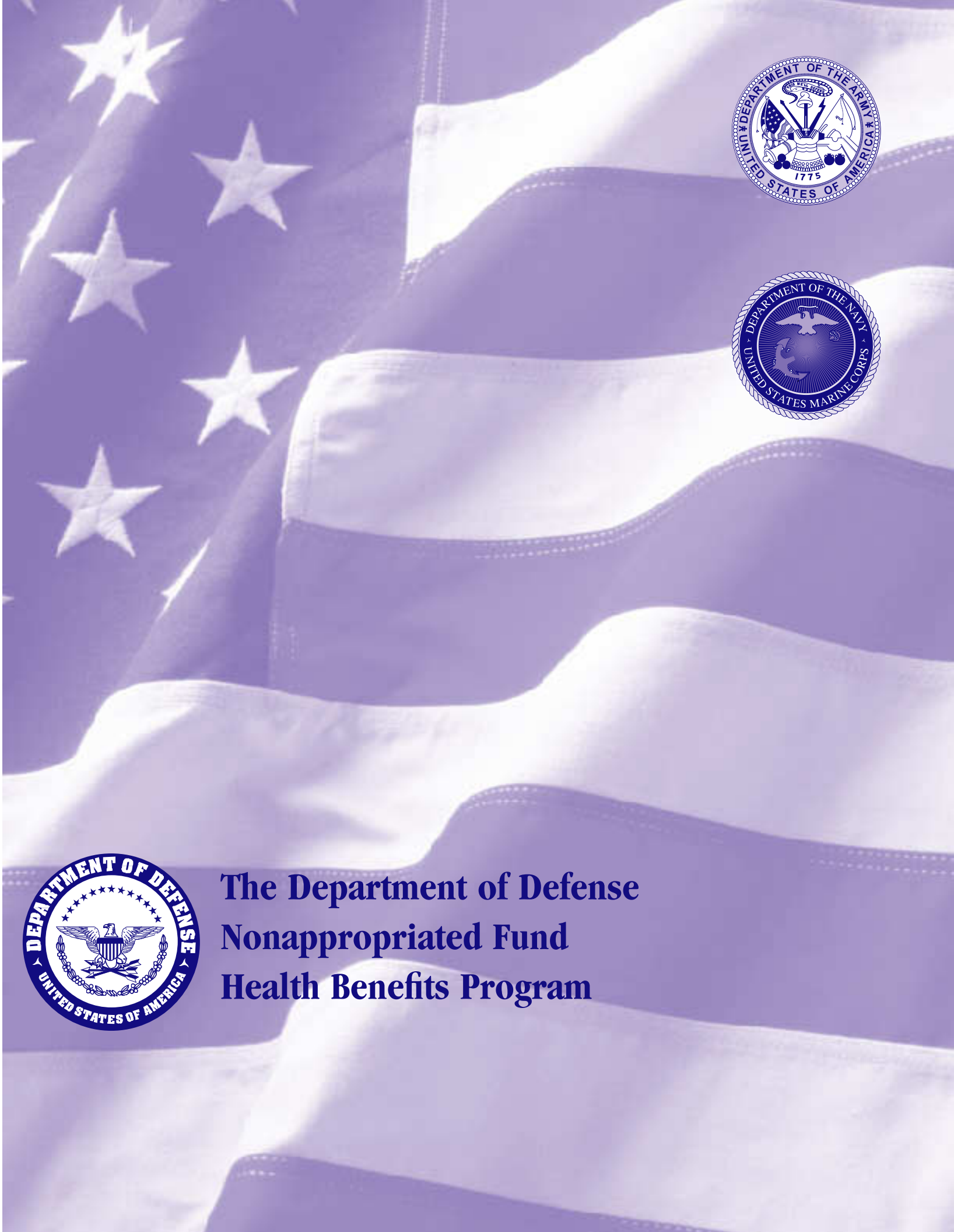
If you enroll in Traditional Choice, you may also enroll in the dental plan. The dental plan offers comprehensive coverage and gives you the freedom to use any dentist you wish. To encourage good dental health, the plan pays 100% for preventive care services, with no deductible. For more advanced care, the plan pays a share of the expense, depending on the service you receive. After you receive a dental care service, submit a claim form to Aetna for reimbursement of covered expenses. Please refer to the enclosed Dental Plan Summary of Benefits for information about how dental services are covered under the plan.



Everyone Needs to Enroll

Important! Everyone must enroll in order to have coverage under the Department of Defense NAF Health Benefits Program. Otherwise, you will need to wait for the next Open Enrollment Season to enroll in the plan, unless you have a valid Family Status Change (such as marriage, divorce, birth or adoption).

To enroll, please complete the enclosed enrollment form and return it to your Human Resources Representative within the specified time period.



**The Department of Defense
Nonappropriated Fund
Health Benefits Program**